

Case Number:	CM14-0215836		
Date Assigned:	01/05/2015	Date of Injury:	07/23/2010
Decision Date:	02/20/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 41 year old female with a work related injury dated 07/23/2010 when reaching for a box while working as a packer. According to a primary physician's progress report dated 11/10/2014, the injured worker presented with complaints of right shoulder pain and inability to perform work because of right shoulder stating that she is awaiting authorization for surgery. Diagnoses included right shoulder impingement syndrome, right shoulder lateral epicondylitis, right hand sprain/strain, right cubital syndrome, chronic right wrist strain, and right carpal tunnel syndrome. According to previous records, treatments have consisted of Kenalog, Toradol, and steroid injections, physical therapy, ice and heat, and medications. No diagnostic testing reports received regarding the right shoulder. Work status is noted as total temporary disability. On 12/05/2014, Utilization Review non-certified the request for a Neurosurgeon Consultation citing American College of Occupational and Environmental Medicine and Official Disability Guidelines. The Utilization Review physician stated there is insufficient information provided by the attending health care provider to associate or establish the medical necessity or rationale for the request of neurosurgical consultation. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Neurosurgeon Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd edition, 2004, page 127, Official Disability Guidelines (ODG), Pain Chapter, Office visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic right upper extremity pain. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has both musculoskeletal and neurological diagnoses of right shoulder impingement syndrome, right shoulder lateral epicondylitis, right hand sprain/strain, right cubital syndrome, chronic right wrist strain, and right carpal tunnel syndrome. Therefore, the requested Neurosurgery Consultation is medically necessary.